Affiliated Genetics
2749 East Parleys Way, Suite 100
Salt Lake City, UT 84109
CLIA ID: 46D1077919

Affiliated Pharmarisk Geriatric Created for:

Patient:
HIPAA Compliant Fax:
Physician:
Address:
Collection Date:
Specimen Type:

Accession #:
Gender:
DOB:
Received Date:
Report Generated:

Key Test Findings

Pharmacogenetic Results

	Assay	Results	Phenotype	Clinical Consequences
⚑	CYP2C19	*1/*17	Rapid Metabolizer	Consistent with a significant increase in CYP2C19 activity. Potential risk for side effects or loss of efficacy with drug substrates.
⚠	CYP2C9	*1/*2	Intermediate Metabolizer	Consistent with a moderate deficiency in CYP2C9 activity. Potential risk for side effects or loss of efficacy with drug substrates.
⚑	CYP2D6	*4/*5	Poor Metabolizer	Consistent with a significant deficiency in CYP2D6 activity. Increased risk for side effects or loss of efficacy with drug substrates.
⚠	VKORC1	-1639G>A G/A	Intermediate Warfarin Sensitivity	VKORC1 is the site of action of warfarin. The patient may require a decrease in warfarin dosage.

Cardiovascular/Thrombosis Risk Management

	Gene	Genotype	Phenotype	Clinical Consequences
✓	Factor II Factor V Leiden	20210G>A GG 1691G>A GG	No Increased Risk of Thrombosis	Unless other genetic or circumstantial risk factors are present, the patient is not expected to have an increased risk for thrombosis.
✓	MTHFR MTHFR	1298A>C AA 677C>T CT	No Increased Risk of Hyperhomocysteinemia	The patient MTHFR function is reduced slightly. This is not associated with an increased risk for venous thromboembolism.

Cardiovascular/Thrombosis Risk Management

✓ **Thrombophilia**

No Increased Risk of Thrombosis

Unless other genetic and/or circumstantial risk factors are present (ex: smoking, obesity…), estrogen-containing contraceptive and hormone replacement therapy can be used by the patient.

✓ **Hyperhomocysteinemia**

No Increased Risk of Hyperhomocysteinemia

MTHFR Enzyme activity is normal.

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Medication Guidance

Psychotropic Medications

Standard Precautions	Use With Caution	Consider Alternatives
Amphetamine (Adderall)	Aripiprazole (Abilify)	Amitriptyline (Elavil)
Clobazam (Onfi)	Atomoxetine (Strattera)	Citalopram (Celexa)
Desvenlafaxine (Pristiq)	Bupropion (Wellbutrin)	Clomipramine (Anafranil)
Dextroamphetamine (Dexedrine)	Clozapine (Clozaril)	Desipramine (Norpramin)
Gabapentin (Neurontin)	Dexmethylphenidate (Focalin)	Doxepin (Silenor)
Lisdexamfetamine (Vyvanse)	Diazepam (Valium)	Escitalopram (Lexapro)
Mirtazapine (Remeron)	Donepezil (Aricept)	Haloperidol (Haldol)
Naltrexone (Vivitrol)	Duloxetine (Cymbalta)	Imipramine (Tofranil)
Paliperidone (Invega)	Fosphenytoin (Cerebyx)	Nortriptyline (Pamelor)
Pregabalin (Lyrica)	Galantamine (Razadyne)	Risperidone (Risperdal)
Sertraline (Zoloft)	Iloperidone (Fanapt)	Thioridazine (Mellaril)
	Lorazepam (Ativan)	Trimipramine (Surmontil)
	Methylphenidate (Ritalin)	Venlafaxine (Effexor)
	Olanzapine (Zyprexa)	
	Oxazepam (Serax)	
	Paroxetine (Paxil)	
	Perphenazine (Trilafon)	
	Phenytoin (Dilantin)	
	Pimozide (Orap)	
	Tetrabenazine (Xenazine)	
	Vortioxetine (Brintellix)	

Cardiovascular Medications

Standard Precautions	Use With Caution	Consider Alternatives
Atorvastatin (Lipitor)	Carvedilol (Coreg)	Metoprolol (Lopressor)
Irbesartan (Avapro)	Clopidogrel (Plavix)	
Lovastatin (Mevacor)	Flecainide (Tambocor)	
Nebivolol (Bystolic)	Fluvastatin (Lescol)	
Pitavastatin (Livalo)	Mexiletine (Mexitil)	
Prasugrel (Effient)	Propafenone (Rythmol)	
Pravastatin (Pravachol)	Timolol (Timoptic)	
Propranolol (Inderal)	Warfarin (Coumadin)	
Simvastatin (Zocor)		
Ticagrelor (Brilinta)		

Pain Medications

Standard Precautions	Use With Caution	Consider Alternatives
Buprenorphine (Butrans, Buprenex)	Carisoprodol (Soma)	Codeine (Codeine)
Cyclobenzaprine (Flexeril, Amrix)	Celecoxib (Celebrex)	Tramadol (Ultram)
Dihydrocodeine (Synalgos-DC)	Fentanyl (Actiq)	
Hydromorphone (Dilaudid, Exalgo)	Flurbiprofen (Ansaid)	
Meperidine (Demerol)	Hydrocodone (Vicodin)	
Methadone (Dolophine)	Oxycodone (Percocet)	
Morphine (MS Contin)	Tizanidine (Zanaflex)	
Oxymorphone (Opana, Numorphan)		
Piroxicam (Feldene)		
Tapentadol (Nucynta)		

PharmaRisk™ Geriatric

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Other Medications

Standard Precautions	Use With Caution	Consider Alternatives
Fesoterodine (Toviaz)	Darifenacin (Enablex)	
Glimepiride (Amaryl)	Dexlansoprazole (Dexilant)	
Glipizide (Glucotrol)	Esomeprazole (Nexium)	
Glyburide (Micronase)	Lansoprazole (Prevacid)	
Mirabegron (Myrbetriq)	Metoclopramide (Reglan)	
Ondansetron (Zofran)	Omeprazole (Prilosec)	
Rabeprazole (Aciphex)	Pantoprazole (Protonix)	
Tacrolimus (Prograf)	Tamsulosin (Flomax)	
Tolbutamide (Orinase)	Tolterodine (Detrol)	
	Voriconazole (Vfend)	

Test Details

Gene	Alleles Tested
CYP2C19	*2, *3, *4, *4B, *5, *6, *7, *8, *9, *10, *12, *17
CYP2C9	*2, *3, *4, *5, *6, *8, *10, *11, *12, *13, *15, *25, *27
CYP2D6	*2, *3, *4, *4M, *6, *7, *8, *10, *11, *12, *14A, *14B, *15, *17, *18, *19, *20, *29, *35, *38, *41, *44, *56, *5 (gene deletion), XN (gene duplication)
Factor II	20210G>A
Factor V Leiden	1691G>A
MTHFR	1298A>C
MTHFR	677C>T
VKORC1	1542G>C, -1639G>A, 1173C>T

Methodology:

Testing is performed on DNA extracted from a buccal swab. Samples are genotyped using Taqman® allele discrimination assays. The assays detect alleles listed above, including all common and most rare variants with known clinical significance at analytical sensitivity and specificity >99%.

Limitations:

The interpretations provided in this report are provided to assist health care providers, but they are not a treatment recommendation. Diagnosis and treatment remain the sole responsibility of the ordering physician. While the polymorphisms tested are important, other variants and mutations in these genes will not be detected. Mutations in other genes that could affect drug metabolism will not be detected. Non-genetic factors also affect metabolism. This test is not a substitute for clinical and therapeutic drug monitoring. This report does not address patient drug allergies or drug-drug interactions.

Signature:

Kenneth Ward M.D.

Date: 6/23/2014

CLIA FDA Statement:

This Laboratory Developed Test was developed and its performance characteristics determined by Affiliated Genetic, Inc. The laboratory is regulated under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as qualified to perform high-complexity clinical testing and has established and verified the test's accuracy. This test has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. These results are adjunctive to an ordering physician's diagnosis.

Appendix: Dosing Guidance

Amitriptyline (Elavil)

Increased Sensitivity to Amitriptyline (CYP2C19 *1/*17 Rapid Metabolizer)

Consider an alternative drug or consider prescribing amitriptyline at standard dose and monitor the plasma concentrations of amitriptyline and nortriptyline to guide dose adjustments.

Aripiprazole (Abilify)

Increased Sensitivity to Aripiprazole (CYP2D6 *4/*5 Poor Metabolizer)

Aripiprazole dose should initially be reduced to one-half (50%) of the usual dose and then adjusted to achieve a favorable clinical response. Reduce the maximum dose to 10 mg/day (67% of the maximum recommended daily dose). The dose of aripiprazole for poor metabolizers patients who are administered a strong CYP3A4 inhibitor should be reduced to one-quarter (25%) of the usual dose.

Atomoxetine (Strattera)

Increased Sensitivity to Atomoxetine (CYP2D6 *4/*5 Poor Metabolizer)

Careful titration is recommended with monitoring for toxicity until a favorable response is achieved. In children and adolescents up to 70 kg body weight, atomoxetine should be initiated at standard dosing of 0.5 mg/kg/day and only increased to the usual target dose of 1.2 mg/kg/day if symptoms fail to improve after 4 weeks and the initial dose is well tolerated. In children and adolescents over 70 kg body weight and adults, atomoxetine should be initiated at standard dosing of 40 mg/day and only increased to the usual target dose of 80 mg/day if symptoms fail to improve after 4 weeks and the initial dose is well tolerated.

Carisoprodol (Soma)

Altered Sensitivity to Carisoprodol (CYP2C19 *1/*17 Rapid Metabolizer)

There is insufficient data to allow calculation of dose adjustment and if carisodoprol is prescribed, it is recommended to use a lower dose and to carefully monitor the patient for side effects.

Carvedilol (Coreg)

Moderate Sensitivity to Carvedilol (CYP2D6 *4/*5 Poor Metabolizer)

Carvedilol can be prescribed at standard label recommended-dosage and administration. CYP2D6 poor metabolizers may experience dizziness during up-titration. Careful titration is recommended with monitoring until a favorable response is achieved.

Celecoxib (Celebrex)

Possible Sensitivity to Celecoxib (CYP2C9 *1/*2 Intermediate Metabolizer)

Celecoxib can be prescribed at standard label recommended-dosage and administration. Evaluate response the first week and be alert to gastrointestinal adverse events.

Citalopram (Celexa)

Insufficient Response to Citalopram (CYP2C19 *1/*17 Rapid Metabolizer)

The patient may not respond to usual doses. Monitor plasma concentration and increase dose to a maximum of 150% in response to efficacy and adverse events or select alternative drug.

Clomipramine (Anafranil)

Increased Sensitivity to Clomipramine (CYP2C19 *1/*17 Rapid Metabolizer)

Consider an alternative drug or consider prescribing clomipramine at standard dose and monitor the plasma concentrations of clomipramine and desmethyl-clomipramine to guide dose adjustments.

Clopidogrel (Plavix)

Increased Response to Clopidogrel (CYP2C19 *1/*17 Rapid Metabolizer)

Clopidogrel can be prescribed at standard label-recommended dosage. Individuals with the *17 allele may have an increased risk of bleeding while taking clopidogrel.

Codeine (Codeine)

Non-Response to Codeine (CYP2D6 *4/*5 Poor Metabolizer)

Greatly reduced morphine levels are expected and the patient may not experience adequate pain relief when taking codeine. Avoid prescribing codeine and consider alternative opioids other than tramadol or consider a non-opioid analgesic such as a NSAID or a COX-2 inhibitor. Unless contraindicated, available alternative opioids not sensitive to CYP2D6 function include: Fentanyl, Morphine, Hydromorphone, Oxymorphone and Tapentadol.

Darifenacin (Enablex)

Possible Sensitivity to Darifenacin (CYP2D6 *4/*5 Poor Metabolizer)

Darifenacin exposure is increased 30% in CYP2D6 poor metabolizers. Although no dose adjustment may not be needed in these patients, monitor patients for increased side effects when darifenacin is prescribed at standard label recommended-dosage and administration.

Desipramine (Norpramin)

Increased Sensitivity to Desipramine (CYP2D6 *4/*5 Poor Metabolizer)

Consider alternative or prescribe desipramine at 50% of recommended standard starting dose. Monitor plasma concentrations of desipramine and metabolites and titrate accordingly until a favorable response is achieved.

Dexlansoprazole (Dexilant)

Possible Insufficient Response to Dexlansoprazole (CYP2C19 *1/*17 Rapid Metabolizer)

Be alert to insufficient response and **consider dose increase**. There is insufficient data to allow calculation of dose adjustment.

Diazepam (Valium)

Altered Sensitivity to Diazepam (CYP2C19 *1/*17 Rapid Metabolizer)

There is insufficient data to allow calculation of dose adjustment when diazepam is prescribed. Monitor the response and adjust the dose accordingly or select an alternative drug.

Donepezil (Aricept)

Possible Altered Response to Donepezil (CYP2D6 *4/*5 Poor Metabolizer)

When compared to a normal metabolizer, a poor metabolizers has a 30% decrease in donepezil clearance; the clinical significance of this decrease is not well documented. Consider using a standard dosing regimen and be alert for adverse events and adjust dosage in response to clinical response and tolerability.

Doxepin (Silenor)

Increased Sensitivity to Doxepin (CYP2C19 *1/*17 Rapid Metabolizer)

Consider an alternative drug or consider prescribing doxepin at standard dose and monitor the plasma concentrations of doxepin and desmethyl-doxepin to guide dose adjustments.

Duloxetine (Cymbalta)

Possible Sensitivity to Duloxetine (CYP2D6 *4/*5 Poor Metabolizer)

Limited data suggest that duloxetine plasma concentrations might be increased in poor metabolizers of CYP2D6, therefore duloxetine can be prescribed at standard label recommended-dosage and careful titration is recommended until a favorable response is achieved.

Escitalopram (Lexapro)

Insufficient Reponse to Escitalopram (CYP2C19 *1/*17 Rapid Metabolizer)

Monitor plasma concentration and titrate dose to a maximum of 150% in response to efficacy and adverse events or select alternative drug.

Esomeprazole (Nexium)

Insufficient Response to Esomeprazole (CYP2C19 *1/*17 Rapid Metabolizer)

- Helicobacter pylori eradication: increase dose by 50-100% and be alert to insufficient response.
- Other: be extra alert to insufficient response and consider dose increase by 50-100%.

Flecainide (Tambocor)

Significantly Increased Sensitivity to Flecainide (CYP2D6 *4/*5 Poor Metabolizer)

Consider prescribing a lower flecainide dose. When compared to a CYP2D6 normal metabolizer, a poor metabolizer may require a 50% dose reduction.Careful titration with ECG recording and monitoring of flecainide plasma concentrations are recommended until a favorable clinical response is achieved.

Flurbiprofen (Ansaid)

Possible Sensitivity to Flurbiprofen (CYP2C9 *1/*2 Intermediate Metabolizer)

Flurbiprofen can be prescribed at standard label recommended-dosage and administration.

Fluvastatin (Lescol)

Possible Sensitivity to Fluvastatin (CYP2C9 *1/*2 Intermediate Metabolizer)

Increased fluvastatin plasma concentrations due to reduced CYP2C9 activity may occur, resulting in myotoxicity/hepatotoxicity. Consider monitoring the patient for treatment-related adverse effects and adjust dose as needed. Other adverse events predisposing factors include advanced age (≥65), diabetes, hypothyroidism, renal or hepatic impairments, high statin dose, CYP2C9 inhibitors, ABCG2 inhibitors and female gender.

Fosphenytoin (Cerebyx)

Moderate Sensitivity to Fosphenytoin (CYP2C9 *1/*2 Intermediate Metabolizer)

Consider a standard loading dose and reduce maintenance dose by 25%. Evaluate response and serum concentrations after 7-10 days. Be alert to neurological concentration-related adverse events.

Galantamine (Razadyne)

Possible Sensitivity to Galantamine (CYP2D6 *4/*5 Poor Metabolizer)

A CYP2D6 poor metabolizer has a drug exposure that is approximately 50% higher than the exposure in a normal metabolizer. Although, dosage adjustment is not necessary in a patient identified as a CYP2D6 poor metabolizer as the dose of drug is individually titrated to tolerability, a slower titration can be considered as it may improve tolerability.

Haloperidol (Haldol)

Increased Sensitivity to Haloperidol (CYP2D6 *4/*5 Poor Metabolizer)

Consider alternative drug or prescribe haloperidol at 50% of the usual starting dose and then adjust dosage to achieve a favorable clinical response. Be alert to increased haloperidol plasma concentrations.

Hydrocodone (Vicodin)

Possible Altered Response to Hydrocodone (CYP2D6 *4/*5 Poor Metabolizer)

Decreased conversion of hydrocodone to the more active metabolite hydromorphone is expected in CYP2D6 poor metabolizers. However, there is insufficient evidence as to whether poor metabolizers have decreased analgesia when taking hydrocodone. Adequate pain relief can be achieved by increasing the dose in response to pain symptoms. Other opioids not metabolized by CYP2D6 may also be considered (i.e. morphine, oxymorphone, buprenorphine, fentanyl, methadone and hydromorphone).

Iloperidone (Fanapt)

Increased Sensitivity to Iloperidone (CYP2D6 *4/*5 Poor Metabolizer)

Iloperidone **dose should be reduced by one-half and titrate slowly to avoid orthostatic hypotension**. Because iloperidone is associated with QTc prolongation, caution is warranted when prescribing the drug in patients with reduced CYP2D6 activity. If patients taking iloperidone experience symptoms that could indicate the occurrence of cardiac arrhythmias, e.g., dizziness, palpitations, or syncope, the prescriber should initiate further evaluation, including cardiac monitoring.

Imipramine (Tofranil)

Increased Sensitivity to Imipramine (CYP2C19 *1/*17 Rapid Metabolizer)

Consider an alternative drug or consider prescribing imipramine at standard dose and monitor the plasma concentrations of imipramine and desipramine to guide dose adjustments.

Lansoprazole (Prevacid)

Insufficient Response to Lansoprazole (CYP2C19 *1/*17 Rapid Metabolizer)

- Helicobacter pylori eradication: increase dose by 200% and be alert to insufficient response.
- Other: be extra alert to insufficient response and consider dose increase by 200%.

Metoclopramide (Reglan)

Increased Sensitivity to Metoclopramide (CYP2D6 *4/*5 Poor Metabolizer)

Metoclopramide is metabolized at a slower rate in CYP2D6 poor metabolizers; this results in significantly higher serum concentrations of the drug. Considering the CNS and extrapyramidal adverse effects of metoclopramide, close monitoring for toxicity and eventually a dose decrease are recommended. Patients with renal disease at increased risk.

Metoprolol (Lopressor)

Significantly Increased Sensitivity to Metoprolol (CYP2D6 *4/*5 Poor Metabolizer)

Based on the genotype result, this patient is at risk of experiencing excessive beta-blockade when taking metoprolol at standard dosage. Heart Failure: Consider alternative beta-blockers such as bisoprolol or carvedilol or prescribe metoprolol at a lower dose. When compared to a normal metabolizer, a poor metabolizer may require 75% dose reduction. Other indications: Consider alternative beta-blockers such as bisoprolol or atenolol or prescribe metoprolol at a lower dose. When compared to a normal metabolizer, a poor metabolizer may require 75% dose reduction. If metoprolol is prescribed, be alert to adverse events (e.g. bradycardia, cold extremities).

Mexiletine (Mexitil)

Significantly Increased Sensitivity to Mexiletine (CYP2D6 *4/*5 Poor Metabolizer)

Consider prescribing a lower mexiletine dose. A slow titration with ECG recording and monitoring of mexiletine plasma concentrations are recommended until a favorable clinical response is achieved.

Nortriptyline (Pamelor)

Increased Sensitivity to Nortriptyline (CYP2D6 *4/*5 Poor Metabolizer)

Select an alternative drug or consider prescribing nortriptyline at a reduced dose (50% reduction) with monitoring of plasma concentrations of nortriptyline and metabolites.

Omeprazole (Prilosec)

Insufficient Response to Omeprazole (CYP2C19 *1/*17 Rapid Metabolizer)

- Helicobacter pylori eradication: increase dose by 100-200% and be alert to insufficient response.
- Other: be extra alert to insufficient response and consider dose increase by 100-200%.

Oxycodone (Percocet)

Possible Altered Response to Oxycodone (CYP2D6 *4/*5 Poor Metabolizer)

Decreased conversion of oxycodone to the more active metabolite oxymorphone is expected in CYP2D6 poor metabolizers. However, there is insufficient evidence as to whether poor metabolizers have decreased analgesia when taking oxycodone. Adequate pain relief can be achieved by increasing the dose in response to pain symptoms. Other opioids not metabolized by CYP2D6 may also be considered (i.e. morphine, oxymorphone, buprenorphine, fentanyl, methadone and hydromorphone).

Pantoprazole (Protonix)

Insufficient Response to Pantoprazole (CYP2C19 *1/*17 Rapid Metabolizer)

- Helicobacter pylori eradication: increase dose by 400% and be alert to insufficient response.
- Other: be extra alert to insufficient response and consider dose increase by 400%.

Paroxetine (Paxil)

Possible Sensitivity to Paroxetine (CYP2D6 *4/*5 Poor Metabolizer)

At standard label-recommended dosage, paroxetine levels are expected to be high. Careful titration is recommended until a favorable response is achieved. When compared to a CYP2D6 normal metabolizer, a poor metabolizer may require a 50% dose reduction.

Perphenazine (Trilafon)

Increased Sensitivity to Perphenazine (CYP2D6 *4/*5 Poor Metabolizer)

Patients with a decreased CYP2D6 function will eliminate perphenazine more slowly which can result in higher drug concentrations and possibly higher adverse events (extrapyramidal symptoms). Consider close monitoring and dose reduction to avoid toxicity.

Phenytoin (Dilantin)

Moderate Sensitivity to Phenytoin (CYP2C9 *1/*2 Intermediate Metabolizer)

Consider a standard loading dose and reduce maintenance dose by 25%. Evaluate response and serum concentrations after 7-10 days. Be alert to neurological concentration-related adverse events.

Pimozide (Orap)

Increased Sensitivity to Pimozide (CYP2D6 *4/*5 Poor Metabolizer)

The pimozide concentrations observed in poor CYP2D6 metabolizers are expected to be high and the time to achieve steady state pimozide concentrations is expected to be long (approximately 2 weeks). Consequently, CYP2D6 poor metabolizers are at an increased risk of QT prolongation at standard doses of pimozide. In CYP2D6 poor metabolizers, pimozide doses should not exceed 4 mg/day in adults or 0.05 mg/kg/day in children, and doses should not be increased earlier than 14 days.

Propafenone (Rythmol)

Increased Sensitivity to Propafenone (CYP2D6 *4/*5 Poor Metabolizer)

Consider reducing the propafenone dose and monitor ECG. Compared to normal metabolizers, poor metabolizers may require a 70% dose reduction. Consider monitoring for plasma concentrations.

Risperidone (Risperdal)

Significantly Increased Sensitivity to Risperidone (CYP2D6 *4/*5 Poor Metabolizer)

Consider alternative drug or prescribe risperidone at a reduced dose and be extra alert of adverse events and adjust dosage in response to clinical response and tolerability.

Tamsulosin (Flomax)

Increased Sensitivity to Tamsulosin (CYP2D6 *4/*5 Poor Metabolizer)

Tamsulosin is metabolized at a slower rate in CYP2D6 poor metabolizers; this results in significantly higher serum concentrations of tamsulosin. Therefore, this drug should be used with caution in patients known to be CYP2D6 poor metabolizers, particularly at a daily dose higher than 0.4 mg.

Tetrabenazine (Xenazine)

Increased Sensitivity to Tetrabenazine (CYP2D6 *4/*5 Poor Metabolizer)

Individualization of dose with careful weekly titration is required. The first week's starting dose is 12.5 mg daily; second week, 25 mg (12.5 mg twice daily); then slowly titrate at weekly intervals by 12.5 mg to a tolerated dose. **The maximum daily dose in CYP2D6 poor metabolizers is 50 mg with a maximum single dose of 25 mg.** If serious adverse events occur, titration should be stopped and the dose of tetrabenazine should be reduced. If the adverse event(s) do not resolve, consider withdrawal of tetrabenazine.

Thioridazine (Mellaril)

Increased Sensitivity to Thioridazine (CYP2D6 *4/*5 Poor Metabolizer)

Reduced cytochrome CYP2D6 activity results in elevated plasma levels of thioridazine and would be expected to augment the prolongation of the QTc interval associated with thioridazine and may increase the risk of serious, potentially fatal, cardiac arrhythmias, such as Torsades de pointes type arrhythmias. Such an increased risk may result also from the additive effect of coadministering thioridazine with other agents that prolong the QTc interval. Therefore, thioridazine is contraindicated in patients with reduced levels of CYP2D6 activity.

Timolol (Timoptic)

Increased Sensitivity to Timolol (CYP2D6 *4/*5 Poor Metabolizer)

Potentiated systemic beta-blockade (e.g., bradycardia) has been reported during timolol treatment by patients with decreased CYP2D6 activity. Monitor patient for treatment-related adverse effects.

Tolterodine (Detrol)

Possible Sensitivity to Tolterodine (CYP2D6 *4/*5 Poor Metabolizer)

Tolterodine is metabolized at a slower rate in CYP2D6 poor metabolizers; this results in significantly higher serum concentrations of tolterodine and in negligible concentrations of its active metabolite (5-hydroxymethytolterodine). Considering the antimuscarinic potency of tolterodine and its active metabolite and the protein binding of these compounds, tolterodine accounts for the major part of the clinical effect in poor metabolizers and the same dosage can be applied irrespective of phenotype status.

Patients with Congenital or Acquired QT Prolongation: The effect of tolterodine on the QT interval prolongation is greater for 8 mg/day (two times the therapeutic dose) compared to 4 mg/day and is more pronounced in CYP2D6 poor metabolizers than normal metabolizers. This should be considered when tolterodine is prescribed to patients with a known history of QT prolongation or patients who are taking Class IA or Class III antiarrhythmics.

Tramadol (Ultram)

Non-Response to Tramadol (CYP2D6 *4/*5 Poor Metabolizer)

The patient will not experience adequate pain relief when taking tramadol. Avoid prescribing tramadol and consider alternative opioids other than codeine or consider a non-opioid analgesic such as a NSAID or a COX-2 inhibitor. Unless contraindicated, available alternative opioids not sensitive to CYP2D6 function include: Fentanyl, Morphine, Hydromorphone, Oxymorphone and Tapentadol.

Trimipramine (Surmontil)

Increased Sensitivity to Trimipramine (CYP2C19 *1/*17 Rapid Metabolizer)

Consider an alternative drug or consider prescribing trimipramine at standard dose and monitor the plasma concentrations of trimipramine and desmethy-ltrimipramine to guide dose adjustments.

Venlafaxine (Effexor)

Significantly Increased Sensitivity to Venlafaxine (CYP2D6 *4/*5 Poor Metabolizer)

The patient has an increased risk of experiencing side effects when taking standard doses of venlafaxine. Consider alternative drug or prescribe venlafaxine and be extra alert of adverse events and adjust dosage in response to clinical response and tolerability. Monitor O-desmethylvenlafaxine plasma concentrations.

Voriconazole (Vfend)

Non-response to Voriconazole (CYP2C19 *1/*17 Rapid Metabolizer)

Voriconazole plasma concentrations may be low when standard dosage is used, increasing the risk of loss of response and effectiveness. Closely monitor voriconazole plasma concentrations and adjust the dose accordingly.

Vortioxetine (Brintellix)

Increased Sensitivity to Vortioxetine (CYP2D6 *4/*5 Poor Metabolizer)

CYP2D6 is the primary enzyme catalyzing the metabolism of vortioxetine to its major, pharmacologically inactive, carboxylic acid metabolite, and CYP2D6 poor metabolizers of CYP2D6 have approximately twice the vortioxetine plasma concentration of normal metabolizers. **Vortioxetine starting dose should be reduced by one-half. The maximum recommended dose is 10 mg/day in known CYP2D6 poor metabolizers.** Consider 5 mg/day for patients who do not tolerate higher doses.

Warfarin (Coumadin)

Moderate Sensitivity to Warfarin (CYP2C9 *1/*2)

Initiation Therapy: a dose decrease may be required. Consider using the following warfarin dose range provided in the FDA-approved label: **3-4 mg/day.** OR consider using a personalized dose as calculated by a pharmacogenetic algorithm.The estimated time to reach steady-state is 8-10 days.

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Prescription Alert

DOB

This individual has been tested for gene variants that may affect medications prescribed.

GENE	RESULT
CYP2C19	Rapid Metabolizer
CYP2C9	Intermediate Metabolizer
CYP2D6	Poor Metabolizer
VKORC1	Intermediate Warfarin Sensitivity

Healthcare Providers: For up-to-date information concerning the impact of these genetic tests on drug precribing by may consult the PharmGKB database:

www.pharmgkb.org

Note:This patient has also been tested for common variants in the Factor II, Factor V, MTHFR, and ApoE genes.These results are available on the patient's medical records.